

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

http://www.dail.vermont.gov

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

March 13, 2019

Ms. Mary Leikert, Manager Copley House Community Care Home 379 Washington Highway Morrisville, VT 05661-8968

Dear Ms. Leikert:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 11, 2019.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN

mlaMCotaPN

Licensing Chief

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
		0139	B. WING		C 02/11/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET A	ODRESS, CITY,	STATE, ZIP CODE	
COPLEY	HOUSE COMMUNIT	Y CARE HOME	HINGTON H		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CI (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE COMPLET BE APPROPRIATE DATE
R100	Initial Comments:		R100	·	
	self-reports contain was completed by t Protection on 2/11/	nsite investigation of four entity ing seven separate incidents the Division of Licensing and 19. Based on information ving regulatory violation was			
R208 SS=B	V. RESIDENT CAR	RE AND HOME SERVICES	R208		
:	5.18.c Incidents invalues must be reported a resident alleges a injury requiring physithere is a pattern of	Abuse, Neglect or Exploitation volving resident-to-resident orted to the licensing agency if abuse, sexual abuse, or if an sician intervention results, or if f abusive behavior. All t incidents, even minor ones,		Going forward will notify Lice of any resident abuse within incident to Licensing, the will utilize	house manageme ensing agency to resident 48 hours of the
	must be recorded in Families or legal re- and a plan must be behaviors	n the resident's record. presentatives must be notified developed to deal with the		incident. To Licensing, the will utilize	house manage remote compat
	by: Based on record refacility failed to meet requirement for a princidents (4 of 7 rep	view and staff interview, the et the 48 hour reporting attern of resident to resident ported) in the applicable nts #1 and #2). Findings	- Andrew Park Park Park Park Park Park Park Park	will Utilize access to documents. Includents, Includents, Includents, Including the house incident restrictured to received by how record time to sends report to agency, This	ment and crownident reports things will be se showse manas ent reports will reports will
	•	ed the 48 hour reporting wing incidents between esident #2:		restrictured by how record time to	se manager an the house man
	7/26/18;	19/18 was reported on		sends report to	o licensing, reporting tim
	ensing and Protection DIRECTOR'S OR PROVID	PERISUPPLIER REPRESENTATIVE'S SIC		TITLE	2 2 10 19
TE FORM	1	· ay & worl		995WII Copley House	, If continuation sheet

Division	of Licensing and Pro	tection							
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	4 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
i		0139	B. WING		C 02/11/2019				
NAME OF	PROVIDER OR SUPPLIER	CIAC	ET ADDRESS CITY	PYAYE ZID COOE	1 02/11/2010				
White Or I	-ROVIDER OR SUPPLIER		STATE, ZIP CODE						
COPLEY HOUSE COMMUNITY CARE HOME 379 WASHINGTON HIGHWAY MORRISVILLE, VT 05661									
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE				
R208	Continued From pa	ge 1	R208	1					
	2. Incident dated 8/6/18 was reported on 8/9/18;			Cont.	, , , , , , , , , , , , , , , , , , ,				
:	3. Incident dated 12/13/18 was reported on 1/2/19;			will be tracked	form				
	4. Incident dated 12 1/2/19.	1/18/18 was reported on		Son to further	- monitor				
:		reporting timeline was anager on 2/11/19 at PM.		cont. will be tracked incident tracking for to further reporting time	. 4				
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